

# Callaway Electric Community Foundation

1313 Cooperative Drive, P.O. Box 250  
Fulton, MO 65251  
Phone: 573-642-3326 Fax: 573-642-3328

## Grant Application for Organization/Agency

**Name of Organization:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Is this organization/Agency tax exempt under IRS section 501(c)(3)?**  YES  NO

If yes, a copy of the determination letter from Internal Revenue Service must be attached.

**State purpose of Organization/Agency:**

**Number of individuals, families, or groups served in the last year:** \_\_\_\_\_

**Amount of Request:** \_\_\_\_\_

**List sources of other funding:**

**State Reason for seeking Callaway Electric Community Foundation Grant:**

**Please give three business references who are familiar with your organization/agency.** (References may not be employees or members of the organization/agency requesting funding.)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street or P.O. Box City State Zip Code

**Can you proceed with partial funding of this request?**  YES  NO

**Comments:**

**The Callaway Electric Community Foundation Board reserves the right to ask the applicant for further information not listed on this application. If requested, would your organization/agency be willing to attend a Foundation Board meeting to provide additional information?**  YES  NO

**If your organization/agency has previously received a Callaway Electric Community Foundation Grant, provide the following information about the most recent grant received:**

Date grant received: \_\_\_\_\_ Amount received: \_\_\_\_\_

The information contained in this statement is for the purpose of obtaining funding from Callaway Electric Community Foundation on behalf of the undersigned. The undersigned agrees that the information provided herein is used to determine grant funding, and each undersigned represents and warrants that the information provided is true and complete that Callaway Electric Community Foundation may consider this statement as continuing to be true and correct until a written notice of change is provided. Callaway Electric Community Foundation is authorized to make all inquiries they deem necessary to verify the accuracy of the statement made herein.

\_\_\_\_\_  
**Name of Organization/Agency**

\_\_\_\_\_  
**Representative Name & Title (please print)**

\_\_\_\_\_  
**Signature of Representative**

\_\_\_\_\_  
**Date**

**Mail completed application and related documents to:** Callaway Electric Community Foundation  
P.O. Box 250  
Fulton, MO 65251

***Incomplete applications will automatically be denied assistance.***